

**POST OFFICE  
TO ADDRESSEE**



UNITED STATES POSTAL SERVICE™

**ORIGIN (POSTAL USE ONLY)**

PO ZIP Code	Day of Delivery	Flat Rate Envelope
	<input type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>
Date In <i>10/23/01</i>	Postage <i>\$1.50</i>	
Time In <i>1641</i>	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Return Receipt Fee <i>\$0.50</i>
Weight <i>2 lbs. 12 ozs.</i>	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	COD Fee <i>\$0.50</i>
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Int'l Alpha Country Code	Insurance Fee <i>\$0.50</i>
Acceptance Clerk Initials		Total Postage & Fees <i>\$2.50</i>

**CUSTOMER USE ONLY**

**METHOD OF PAYMENT:**

Express Mail Corporate Acct. No. **X951590**

Federal Agency Acct. No. or Postal Service Acct. No.

**WAIVER OF SIGNATURE (Domestic Only):** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. (If delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

**NO DELIVERY**

Weekend  Holiday

Customer Signature

**FROM: (PLEASE PRINT)**

PHONE ( )

**EPSON RESEARCH & DEVELOPMENT  
1500 RIVER OAKS PKWY  
SAN JOSE CA 95134-1915**

**AP118TP**

**TO: (PLEASE PRINT)**

PHONE ( )

**BOX: PATENT APPLICATION  
ASST COMMISSIONER FOR PATENTS  
WASHINGTON DC 20231-9898**

**PRESS HARD.**

You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811 [www.usps.gov](http://www.usps.gov)



**Bayside Sta Post Office  
San Jose, California  
951349998**  
10/23/2001 (800)275-8777 04:50:07 PM

**Sales Receipt**  
Product Sale Unit Final  
Description Qty Price Price

**WASHINGTON DC 20231 \$19.15  
Express Mail PO-ADD  
Serial Number EL700476655US  
2nd day 3PM /Normal  
Delivery  
Return Receipt \$1.50  
Paid by account: \$20.65  
EMCA account number: 951590**

**Total: \$0.00**

**Paid by:**

**Bill#: 1000200780608  
Clerk: 02**

**— Thank you for your business —**

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

**A. Received by (Please Print Clearly)** **B. Date of Delivery**

**C. Signature**

Agent  Addressee

X

**D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:**

No

**Box Patent Application  
Assistant Commissioner  
for Patents  
Washington, D.C. 20231**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

**2. Article Addressed to:**

**3. Service Type**

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

**4. Restricted Delivery? (Extra Fee)  Yes**

102505-00-M-0952

Domestic Return Receipt

**EL700476655US**

**PS Form 3811, July 1999**

**2-A**

**EXHIBIT**

**Customer Copy**

Label 11-F July 1997